PTO/SB/06 (08-03)
Approved for use through 7/31/2006, OMB 0651-003-2
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application of Docket Number U9852-002			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL E	SMALL ENTITY		OTHER THAN SMALL ENTITY	
FOR NUMBER FILED NUMBER EXTRA			RATE	FEE		RATE	FEE				
BASIC FEE (37 CFR 1.16(a))					\$	OR		:710			
TOT	AL CLAIMS FR 1.16(c))	3	31 minus 20 = 12			x \$=		OR	x s_/8 =	216	
INDE	INDEPENDENT CLAIMS  DI CFR 1.16(b)  minus 3 =			x s=		OR	x \$ 80=	320			
MUL	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								OR	+\$=	
	*If the difference in column 1 is less than zero, enter "0" in column 2.								OR	TOTAL	1236
	. С	LAIMS A	S AME	ENDED	– PART II						
(Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR	OTHER SMALL	
ENT A		CLAII REMAII AFTI AMENDI	N <b>IN</b> G Er	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		: RATE	ADDI- TIONAL FEE
OM	Total (37 CFR 1.16(c))	3.	2	Minus	<u>- 3ス</u>	0	x \$=		OR	× \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	<u> </u>	7.	Minus	<u> </u>	-0	x \$=		oR _	x \$ <u>·</u> =	<u> </u>
A	FIRST PRESENT	TATION OF I	MULTIPLE	E DEPENDE	ENTICLAIM (37 OF	R 1.16(d))	+\$=		OR ,	+s <u> </u> =	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Cotum	n 1)		(Column 2)	(Column 3)					
NT B		CLAN REMAN AFTE AMENDI	NING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		, RATE	ADD∔ TЮNAL FEE
OME	Total (37 OFR 1.16(cl)	3	2	Minus	" <b>3</b> 2	0	x s=		OR	x s=	
AMENDMENT	Independent (37 CFR 1.16(b))	•	8	Minus	·· 7	1	x \$=		OR	x \$ 8 G=	86-06
Ą	FIRST PRESEN	TATION OF I	E DEPENDE	ENTICLAIM (37 CF	+\$ . =		OR	+s=	٠.		
			···				TOTAL . ADD'L FEE		OR	TOTAL ADD'L FEE	
Ŀ		(Colum	n 1)		(Column 2)	·(Column 3)			_		
SNTC	e.	CLAI REMAI AFTI AMEND	NIENG ER		HIGHEST . NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	Total (37 OFR 1.16(cl)	1.3	2	Minus	"3エ	0	x.s=		OR	x \$=	_
AMENDME	Independent (37 CFR 1.16(bl)		8	Minus	- 8	-6	x \$=		OR	x \$=	- 1
Α	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$_=		OR	+ 5 =	
_							TOTAL ADD'L FEE		OR :	TOTAL ADD'L FEE	
١ ٠	" If the "Highest" If the "Highest	Number Pr Number Pr	reviously evlously	Paid For	in column 2, writ IN THIS SPACE IN THIS SPACE	is less than 20, is less than 3, o	enter "20". enter "3".			udumn 1	
This o							est number found in ired to obtain or ret				file (and by the

USPTO to process) an application. Confidentiatity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minute including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 2			
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL E	NTITY	OR	OTHER THAN OR SMALL ENTITY		
FOR NUVE			ER FILED NUMBER EXTRA		ER EXTRA	RATE	FEE	]	RATE	FF.E	
	IC FEE CFR 1.16(a))						s	OR		s	
	AL CLAIMS FR 1.16(c))		minus 20	) =   •		x s=		OR ·	x \$=		
	PENDENT CLAI FR 1.18(b))	MS	minus 3	= •		x s=		OR	x s=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+5 =		OR	+5 =		
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL		
		LAIMS AS AM	-		<b>-</b> .	10112		,	TOTAL		
	, <b>C</b>	(Column 1)	CIADED	(Column 2)	(Column 3)	SMALL E	YTITY	OR		THAN ENTITY	
AMENDMENT A	D	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		:RATE	ADDI- TIONAL FEE	
ă	Total (37 CFR 1.16(c))	32	Minus	" 3エ	-0-	x \$=		OR	x \$=		
	(37 CFR 1.16(b))	8	Minus	8	0	x \$=		OR	x \$=		
₹	FIRST PRESENT	TATION OF MULTIPL	E DEPENO	ENT CLAIM (37 CF	FR 1.16(d))	+\$ =		OR .	+s =		
						TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE		
		(Celuma 1)		(Column 2)	(Column 3)						
AMENDMENT S	E	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		.RATE	ADDI- TIONAL FEE	
S	Total (37 CFR 1.16(c))		Minus		-	x s=		OR	x \$=		
필	Independent (37 CFR 1.16(b))	·	Minus	***	=	x \$=		OR	x s=		
₹	FIRST PRESENT	TATION OF MULTIPL	+\$=		OR .	+'\$=					
						TOTAL . ADD'L FEE		OR	TOTAL ADD'L FEE	-	
		(Column 1)		(Column 2)	(Column 3)	•				•	
NT	F	CLAIMS REMAINING AFTER AMENDMENT	-	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	· •	RATE	ADDI- TIONAL FEE	
칡	Total (37 CFR 1.16(cl)	•	Minus	*	•	x.\$=		OR	x \$=		
AMENDME	Independent (37 CFR 1,16(b))	•	Minus	***	=	x \$=		OR	x s=		
⋛	FIRST PRESENT	ATION OF MULTIPLE	ENT CLAIM (37 CF	+s =		OR ·	+ 5 =	•			
						TOTAL ADD'L FEE		OR :	TOTAL ADD'L FEE		
•	to the "Highest to "If the "Highest to The "Highest No	olumn 1 is less tha Number Previously Number Previously umber Previously I	Paid For Paid For Paid For (	IN THIS SPACE IN THIS SPACE I Total or Independ	is less than 20, is less than 3, er is less than 3, er ient) is the highe	3. ender "20".	he appropria	le box in c	olumn 1.	· · ·	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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